EXHIBIT 16

ECFMG | EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES

CSEC Center – Houston
400 N. Sam Houston Pkwy. E., Suite 700
Houston TX 77060 USA
281-260-7477 Fax | www.ecfmg.org

CONFIDENTIAL

November 3, 2008

Troi Bryant
[redacted]

ECFMG HOUSTON

Dear Mr. Bryant:

It gives me great pleasure to confirm our offer of employment to you for the position of Standardized Patient (SP). I have outlined the specific details of our offer below:

- You will report directly to Artis Ellis, Acting Center Manager, CSEC Center, Houston, Texas.
- Your start date will be November 3, 2008
- Your designated SP Trainer for assessment is Angelo Williams.
- Your starting salary for this part time as needed, non-exempt position will be $16.00 per hour.
- Your training schedule is described below and attendance is mandatory for this position.
- Your training time is considered work time and you will be paid for all training time.
- Your ongoing work schedule after training will vary, on an as-needed basis, according to your availability and the exam requirements.

You will be scheduled for paid training sessions and a pilot exam prior to working as an SP in an actual exam. You will be required to attend and successfully complete all training sessions, the pilot exam, and the exam probationary period requirements (which takes approximately three months) in order to continue employment with ECFMG® and be scheduled in the actual exam. You will participate in the scheduled workshops and events at the times listed, which include the SP Orientation, the Communications and Interpersonal Skills Workshop (CIS), the Spoken English Proficiency Workshop (SEP) as well as the New SP Final Test and Post Final Review session at the Clinical Skills Evaluation Collaboration Center. All of the following training sessions are mandatory for you to attend for this position.

SP Orientation:	November 3, 2008	9:00AM to 12:00PM
CIS Workshop	December 8, 2008	9:00AM to 1:00PM
SEP Workshop	December 9, 2008	9:00AM to 1:00PM
Joint Workshop	December 10, 2008	9:00AM to 3:00PM
Final	December 11, 2008	To Be Announced
Post Final Review	December 12, 2008	9:00 PM to 12:00 PM

In addition to the aforementioned training, you will be scheduled by your SP Trainer for case specific training. You will receive three (3) one-on-one case specific trainings. At least one of these case specific sessions will occur before your first workshop.

Please plan to arrive up to 15 minutes prior to the start of each session so that you will be ready to begin promptly at the start time. When you arrive, you should check in at the CSEC Center Reception Desk, where you will sign in and be directed to wait in the SP Commons for the workshop trainer who will be running the workshops.

EXHIBIT 15

Attendance and punctuality is crucial to the operations of our exam so please be aware that if you arrive even a few minutes late for any session, you may be dropped from the training group you have been assigned to and there may not be another training group to which you may be assigned. Lateness may result in dismissal from employment, so please allow enough time to plan for heavy traffic or other potential delays. In addition to arriving on time, you must stay until the end of each session you are scheduled for. No exceptions will be made for workshop dates and times. The workshops are your only opportunity to learn the vital skills necessary for you to evaluate the USMLE Step 2 CS examinee communication skills. There will be no breaks during the training sessions or the Final, other than the lunch break, except as required by law in the state of California. All Centers are non-smoking buildings and lunch is the only time the Standardized Patients may leave the building. If you drive, please choose a parking area where your car can stay for the length of the session since you will not have time to move it or "feed the meter".

It is understood by you that employment with ECFMG® shall be for no specific period of time and shall institute "at will" employment. As a result, either you or ECFMG® may terminate your employment at any time for any reason, with or without cause and advance notice. This is the full and complete agreement between you and ECFMG® on the "at will" nature of your employment. Although your job duties, compensation and benefits, as well as personnel policies and procedures may change from time to time, the "at will" nature of your employment may only be changed in a written document signed by you and an officer of ECFMG®.

We are very pleased that you have elected to join ECFMG®. I am confident that you will find the experience both challenging and rewarding. I look forward to your confirmation and acceptance of the details of our outlined offer. Please return a signed copy of this letter to me indicating your acceptance of this offer. If you have any questions concerning the details of our offer, please contact me.

Sincerely,

Artis Ellis

Artis Ellis
Acting Center Manager, CSEC Center

I accept this offer of employment and agree to participate in the physical assessment, all required training and workshop sessions, the SP Final and the Post-Final Review as outlined. I understand that not attending a scheduled training session my be accepted as my resignation from employment with ECFMG®

Troi Bryant 11·3·08

Troi Bryant Date

ECFMG
HOUSTON

Troi Bryant

ECFMG℠
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EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES
CORPORATE OFFICE:
3624 MARKET STREET, PHILADELPHIA, PA 19104
WWW.ECFMG.ORG

APPLICATION FOR EMPLOYMENT

PERSONAL

Last Name	First Name	Middle	Date of this Application
Bryant	Troi	Alan	11/04/2008
Street Address [redacted]			Home Telephone [redacted]
City [redacted]	State [redacted]	Zip [redacted]	Business Telephone [redacted]
Have you ever applied for employment with us? No If yes: Month and Year -			Other Telephone [redacted]
Email Address [redacted]			Social Security Number [redacted]
Position Applying for: Standardized Patient			Starting Salary: $16.00 Per Hour (Upon successful completion of all training, you will be eligible for a $2.50 per hour increase.)

Have you ever been employed by ECFMG? No
If yes, give dates: - to -

How did you learn about Step 2 CS?
Relative — Who? Jackie Bryant

Do you know anyone who works for ECFMG? Yes
If yes, state name(s) and your relationship to that person(s):
Jackie Bryant/ Relative

Are you a medical student or do you have a family member that is currently enrolled in medical school? No
Although we are an EEO employer, if you are currently enrolled in or have graduated from (or have a relative that is currently enrolled in or has graduated from) a medical school whose students are or will be required to take the USMLE Step 2 CS but have not yet passed the exam, we would regard this as a conflict of interest and thus would not be able to employ you in any position at the Step 2 CS Exam Center.

Have you had any experience as a Standarized Patient? (Note: experience is not required) No
If yes:

1. Where and for how long were you an SP?
   Where: - For how long (in months): -
2. If hired, are you willing to discontinue all medical school standardized patient work, which is considered a conflict of interest for ECFMG SPs? No
3. If hired, are you willing to disclose any non-medical school standardized patient work to Center Management? No

Do you have any acting experience? (Note: acting experience is not required) No If yes, where have you acted? -
Are you currently employed? Yes
Are you currently going to school? No
Are you authorized to work in the United States of America? Yes (Proof of citizenship or immigration status will be required upon employment.)
Have you ever been convicted of a crime? No If yes, give dates and type of convictions. - ECFMG may decline employment to applicants with criminal convictions based on the circumstances of the conviction (s).

EDUCATION

School Level	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Busness School	Kaplan Houston,Tx	Financial Services	2	Yes	Licenced
-	-	-	-	No	-
-	-	-	-	No	-

MILITARY

Did you serve in the U.S. Armed Forces? No

If yes, what branch? -

Describe any training received relevant to the position for which you are applying.

-

WORK EXPERIENCE (Please complete all information even if resume is attached.)

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer Metlife Financial Services	Dates Employed		Work Performed
Address 800 Gessner	From 03/14/2007	To Currently	I help families and small business with all financial protections: retirement savings,college planning, life insurance and long term care.
Telephone Number(s) 713-577-1100	Salary		
Starting/Present Job Title Financial Service Representative	Starting commission	Ending (Required) only	
Supervisor Name Chris Aitkins	May we contact? Yes		
Reason for Leaving I am not leaving this career.			

Employer Dow Chemical	Dates Employed		Work Performed
Address 9502B Bayport BLVD. Pasadena, Texas	From 10/14/1996	To 03-15-2007	I supported a team and safety conscious atmosphere, while assisting in the production of acrylic acid made for sale in the global market place.
Telephone Number(s) 1-713-751-7285	Salary		
Starting/Present Job Title Outside Operator/Board Operator & Safety Commander	Starting 50000	Ending (Required) 64000	
Supervisor Name Self Directed Shift eployee-Manager: Jean Algate or Becky Lumkin	May we contact? Yes		
Reason for Leaving To began a new career in the financial service industry.			

Employer -	Dates Employed		Work Performed
Address -	From -	To -	-
Telephone Number(s) -	Salary		
Starting/Present Job Title -	Starting -	Ending (Required) -	
Supervisor Name -	May we contact? No		
Reason for Leaving -			

Employer -	Dates Employed		Work Performed
Address	From	To	-

-	-	-	
Telephone Number(s) -	Salary		
Starting/Present Job Title -	Starting -	Ending (Required) -	
Supervisor Name -	May we contact? No		
Reason for Leaving -			

Employer -	Dates Employed		Work Performed
Address -	From -	To -	-
Telephone Number(s) -	Salary		
Starting/Present Job Title -	Starting -	Ending (Required) -	
Supervisor Name -	May we contact? No		
Reason for Leaving -			

Comments: Include explanation of any gaps in employment.

-

APPLICANT CASE MATCHING INFORMATION

Matching you to one of our cases is similar to casting an actor for a role in a play. There are certain characteristics that are required of an employee in order to match the physical condition and characteristics established for each Standardized Patient's medical case. The information requested on this form is used strictly for matching a specific medical case to a potential employee for the Standardized Patient position and will not be used for any other employment decisions. The information requested will be kept secured and in the strictest of confidence with limited access to only those people required to view for case matching.

Please complete the following in order to consider case matching:

Your gender: Male

Ethnicities/Race you could portray:
(Please do not disclose your actual race or ethnicity. We are asking you to consider which of the following you could appear to portray without makeup, under fluorescent lights and in close proximity to the examinee who would exam you. Check as many as you feel may apply.)

Black

Your approximate height (without shoes): 5 Feet 8 Inches

Your approximate weight (within 10 lbs): 220 Pounds

Are you fluent in any languages other than English? No
If yes, please specify: -

Age range you can portray:
(NOTE: You should consider how old you could appear to portray without makeup, under fluorescent lights and in close proximity to the examinee who would examine you.)
40 to 45 35 to 40

Gender, ethnicity or age will not preclude you from employment with ECFMG. Depending on the open cases available, one of these characteristics may delay the start of your employment based on case matching. In order to work, you must be matched for a case with specific characteristics. There are a great number of cases with vast diversity in each characteristic. Often there are limited cases available for a newly hired employee and we can not begin training until a case match has occurred.

Physical Capacity:
The following are considered essential functions of the job of a Standardized Patient:
Functionally adequate hearing and vision,
Walking in and out of small quarters,
Climbing on and off of an exam table, unassisted,
Use of both arms for reaching and light lifting,
Use of keyboard and telephone,
Comfort with basic physical exam maneuvers being performed on you repeatedly,
Unobstructed ability to lie down and sit up on an exam table,

If an accommodation is required, will you be able to make suggestions of accommodations? Yes

Are you able to perform these essential functions with or without an accommodation?
Please Explain: -

Visual Distracters:
We must know what a student or doctor taking the test ("examinee") might see when examining you, so that nothing could be found that may be distracting in relation to the patient you are portraying for that exam. Having a visual distracter that is irregular or unusual will not necessarily preclude you from becoming an SP. Some examples of visual distracters are:

Unusual hair color,
Tattoos,
Scars (including on the abdomen),
Body piercings,
Prominent birth marks,
Other out of the ordinary or unusual features

Do you have any Visual Distracters? Yes
If yes, please specify: I sustained some chemical burns to my right foot approximately five year ago.I have

some permanant scares from that incident.

What will be examined:
The ECFMG medical advisor physician will perform a fairly detailed physical assessment of successful candidates prior to the start of any training. This assessment may be more comprehensive than your own doctor does when you go in for some particular problem. The following, however, are not part of the USMLE Step 2 CS and therefore will not be part of this pre-employment assessment: breast examination, gynecological examination, rectal examination, and genital or hernia examination. In fact, nothing unusually uncomfortable will be part of this screening examination.

The ECFMG Medical Advisor Physician finds a real medical condition:
This has happened only very rarely. If it does, the ECFMG physician will describe any such finding on a one-page form which you can take and show to your own physician. The ECFMG physician is not acting as your doctor, and will not be able to provide any actual medical advice.

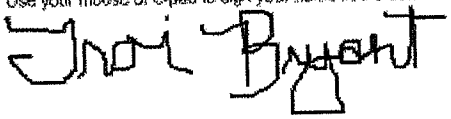
Physical findings will not preclude you from employment with ECFMG. Depending on what the finding is, it may delay the start of your employment based on case matching. In order to work, you must be matched for a case that does not have conflicting physical/medical findings. Many persons over the age of 60 have faint and "benign" (medically unimportant) heart murmurs that can be heard with modern stethoscopes; an SP with such a murmur could not do a case of chest pain in which the patient is not supposed to have a murmur but they could portray a case such as a knee injury. Often there are limited cases available and we can not begin training until a case match has occurred. If you are invited to an orientation session, we encourage you to ask questions and have a very clear understanding of the physical findings case matching portion of this position.

I understand and agree to a physical exam and the disclosure of my related medical information as a requirement of employment with ECFMG in the position of Standardized Patient and for related work by authorized individuals and organizations working in the Clinical Skills Evaluation Collaboration (CSEC). I understand the information will be maintained as confidential and only used for purposes directly related to case matching and research for CSEC. I release ECFMG & NBME and its employees, officers and business associates from legal liability for use or disclosure of information used for the identified purposes. I also understand that if the person or organization I authorized to receive the information described above is not subject to federal or state health information privacy laws, they may further release the protected health information as required.
Yes

Signature of Applicant

Date
11/04/2008

Use your mouse or e-pad to sign your name in the box below.



AVAILABILITY & SCHEDULING

ECFMG schedules SPs according to their availability to work. Prior to being offered employment, we need to know:

- How often would you want to work.
- During what shifts you would expect to be available on a normal basis in a typical month.
- During what months you are available during the year.

1. SPs indicate the specific shifts that they are available to work, either by entering that information directly into our web-based scheduling computer application, or, if necessary, through a written form submitted to the SP Operations Specialist. You will not get work if you have not indicated availability.
2. The scheduling system matches exam needs with SP availability, and will post your schedule in the computer, approximately four weeks in advance of actual exam dates.
3. Once you are scheduled you are committed to work that shift, except if you are ill or have an emergency. You may change your availability at any time before you are scheduled, but not afterwards. If you need to make a change, you must submit a Notification of Time Off form to the SP Operations Specialist.
4. Once you are scheduled ECFMG will maintain its commitment to you. You will be paid any shift you are approved to be in an exam that ECFMG cancels, unless we give you at least two weeks notice.
5. Daytime and evening shifts are each 7 hours long. Day shifts begin at 8:00 a.m., and evening shifts end before 11:00 p.m. Punctuality is essential. Poor punctuality may be grounds for dismissal.
6. The need for SPs can come up at short notice. Those listed as available are expected to work whenever possible, even if at short notice.
7. It is your responsibility to keep your availability schedule up to date, to know when you are working, and to meet your scheduled obligations. Excessive or improper absenteeism from work may be grounds for dismissal.
8. There is no guarantee of a minimum number of hours of work. We expect the work to be heaviest from October through January, lightest in February and March, and moderate in other months.
9. We may operate seven days a week, but weekend and evening shifts (see #5) are added only if there is a high demand from examinees. All SPs should have some regular weekday AM availability in order to work the minimum hours necessary to remain as an active employee.

Please note that completion of this application process does not commit you or ECFMG to employment at this time. You will only be scheduled for work hours if you are hired, matched to a case and have successfully completed the full training program.

Please complete the following:

I would regularly prefer to work the following number of days per week if I am hired and trained as an SP. 3

During the coming year, I would expect to usually be available to work on the following days from 8:00 a.m. to 3:30 p.m.:

Availability by Day:
I am available to work on the following week days only:
Monday,Tuesday,Wednesday,Thursday,Friday

Availability by Month:
I am available to work all months of the year

Saturday Availability:
I am available to work some Saturdays

Sunday Availability:
I am not available to work Sundays

Late Afternoon to Evening Availability:
I am not available to work evenings

Please note anything else you wish us to know about your availability to work (planned vacations, other commitments):

-

PERSONAL/PROFESSIONAL REFERENCES - ***Do not include relatives.***

Examples beyond traditional supervisory references would be clergy at your church, supervisors of volunteer programs, social activity director or business peers.

Name	Phone Number	Best Time to Call	Occupation or Relationship to you
Jackie Bryant	[redacted]	evenings	Proctor/AOD Relative
Thurman West		any time	Pastor and Friend
Walden David		any time	Friend and ex -coworker

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I understand that this application for employment shall be considered active for a period of time not to exceed 60 days. If I wish to be considered for employment beyond the 60 day period, I will inquire as to whether or not applications are being accepted at that time.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize the Educational Commission for Foreign Medical Graduates (ECFMG®) to procure a criminal background check for Employment Screening. I also authorize the ECFMG® to obtain information from former employers, educational institutions and/or military services as related to my background. I understand that it will be necessary for me to provide my date of birth as required for the completion of the Employment Screening process, should a pending offer of employment be made.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application, resume or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of ECFMG. I acknowledge that I am applying for part-time-as-needed employment, which means there is no minimum guaranteed number of workdays per week or per month, that there may be times in the year when the number of days is higher and times in the year when the number of days is lower and that there are no benefits associated with this position.

Electronic Signature - in agreement with all information on this application and that all information is correct and true to the best of my knowledge.
Yes

Signature of Applicant

Date
11/04/2008

Use your mouse or e-pad to sign your name in the box below.

1090838

ECFMG® New PTAN Employee Form

ECFMG HOUSTON

Personal Information:

Name: Troi Alan Bryant I	Social Security Number: [redacted]
Address: [redacted]	
City, State, Zip: [redacted]	
Home Phone: [redacted]	Alternate Phone (if available): [redacted]
Date of Birth: [redacted]	Gender: ☑ Male ☐ Female / Marital Status: Married
Emergency Contact Name: Jackie Bryant · Phone Number: [redacted]	elationship: Wife

Employment Status:

Hire Date: 11·3·08	(Rehire Only) Previous hire date: Previous termination date:
Job Status: ☐ full time regular ☐ part time regular ☑ as needed ☐ temporary employee (>6 mos)	
FLSA Status: ☐ Exempt ☑ Non-Exempt	Job Title: Standardized Patient
Department Name: CSEC - HOUSTON	Supervisor Name: CARTS ELLIS
Compensation Annual Salary: Per Pay Salary (÷26):	Hourly Rate (Non-Exempt): $16.00

FAX THIS FORM AND THE W-4 & I-9 TO HR/PAYROLL IMMEDIATELY!

Send the original of this form with the following attachments in your weekly package: (Bolded Items in columns 1 & 2 are REQUIRED!)

Column 1
- ☑ Orig. Employment Application Completed
- ☑ Reference Checks Completed
- ☑ W-4 Form
- ☑ Completed I-9 Form
- ☑ Orig. Handbook Acknowledgement
- ☑ Orig. Signed Job Description
- ☑ Criminal BG Check Author.
- ☐ Orig. Confidential Agreement
- ☑ Release & Consent with Exhibit A

Column 2
- ☑ Emergency Contact
- ☑ Orig. Signed Offer Letter
- ☑ Worker's Comp. Notification Form
- ☑ ECFMG E-mail Authorization Form
- ☐ Resume
- ☐ Direct Deposit Form
- ☐ Payroll Deduction Form
- ☐ Transportation Assistance Form
- ☐ Health/Dental Enrollment Forms
- ☐ Life/Disability Enrollment
- ☐ Other

Column 3
- ☐ MPN Predesignation Form **
- ☐ MPN Acknowledgement form **

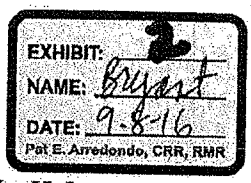
** Items in Red apply to California employees only

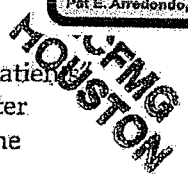
Ellis EXHIBIT NO. 11 P. Antone, CRR

Hiring Manager Signature Curtis Ellis Date 11/3/08

~~Director,~~ Human Resources Signature [illegible] Date 11/25/08

ECFMG
HOUSTON





Notice to All Standardized Patients and Acknowledgement of Receipt

All Standardized Patients (SPs) must read this "Notice to All Standardized Patients," complete the bottom portion of this form, and return the signed page to Center Management upon receipt of this current Standardized Patient Handbook (the "Handbook").

This ECFMG Standardized Patient Handbook includes relevant information from the ECFMG Employee Handbook that applies to all Part Time-As-Needed employees as well as information unique to ECFMG Standardized Patients. Nothing contained in this Handbook is a guarantee of continued employment, but rather, employment with ECFMG is on an at-will basis. This means that employment with ECFMG is not for any specified period of time and may be terminated by either ECFMG or the employee at any time, for any reason, with or without any cause or advance notice. Any written or oral statement to the contrary by a supervisor or other agent of ECFMG is invalid and not to be relied upon by any prospective or existing employee.

The content of this Handbook summarizes current policies and programs and is only a guideline. This Handbook supersedes and replaces all previous Standardized Patient handbooks provided to you and any verbal representations which may have been previously made to you by ECFMG employees.

For more detailed information regarding the information in this Handbook, please speak to Center Management, who can supply you with copies of specific company policies. ECFMG retains the right to change, modify, suspend, interpret, or cancel in whole or in part, any of the published or unpublished personnel policies or practices without advance notice.

This Handbook will discuss policies and procedures related to Standardized Patients. ECFMG reserves the right to add, change, or remove content from this Handbook as necessary. ECFMG further reserves the right to add, change, or remove policies or procedures without altering this Handbook: such changes will take precedence over the content of this Handbook.

This Handbook is the property of ECFMG, and it is intended for your reference and personal use as an employee of ECFMG. As with all company documents, this Handbook may not be circulated outside of ECFMG without the prior written approval of the Executive Director of CSEC.

I acknowledge receipt of the ECFMG Standardized Patient Handbook, which includes relevant portions of the ECFMG Employee Handbook. I understand that I am required to read the Handbook, to familiarize myself with the policies and procedures contained herein and to comply with the provisions of the policies, procedures and rules set forth at all times. If I have any questions about the contents of the Handbook, I will consult Center Management.

I specifically acknowledge that I have read and understand the contents of this "Notice to All Standardized Patients."

Employee Signature: Toni A. Bryant I	**Date:** 11.03.08
Employee Name (Print): Toni A. Bryant I.	**Location:** CSECC - Houston

NBME®

CSEC

Clinical Skills Evaluation Collaboration

CSEC – Administrative Office
3624 Market Street, 2nd Floor
Philadelphia, PA 19104 USA
215-386-5703 Fax

ECFMG®

JOB DESCRIPTION

DATE WRITTEN: *September 16, 2002*

DATE REVISED: *January 14, 2004*

JOB TITLE: ***Standardized Patient*** *(part time as needed)*

FLSA: *Non-exempt*

DEPARTMENT: ***Clinical Skills Evaluation Center, Assessment Services***

REPORTS TO: ***CSE Center Manager***

RESPONSIBLE FOR:
N/A

JOB SUMMARY:
Simulates the histories and physical signs of patients with certain illnesses as part of an examination to certify the readiness of students and graduates of medical schools to enter graduate medical education programs in the U.S.

JOB SPECIFICATIONS

SCOPE OF RESPONSIBILITY

FISCAL RESPONSIBILITY
N/A

EMPLOYEE INTERACTION
Works with other Standardized Patients. Interacts with the Standardized Patient trainers and Clinical Skills Evaluation Center Manager for training and quality assurance and day to day exam work. Interacts with other CSE staff involved in the exam.

POLICY AND PROCEDURE INTERPRETATION

Operates within the guidelines established by SP Section policies and procedures. Maintains the confidentiality of all information in accordance with previously established and/or new policies and procedures of the SP Section, CSE and the institution.

INTERNAL CLIENTS / CONTACTS

Trainer on Duty – under his/her supervision any day SP works in the exam;
SP Trainers – training, review, quarterly performance evaluation meetings and quality assurance;
SP Operations Specialist – communication as needed regarding scheduling and other logistics of the role;
Center Manager – immediate supervisor, monthly voluntary meetings;
Administrator on Duty and Control Room staff – interacts with on any day SP works in the Exam;
Other CSE Center staff – interacts as needed/directed.

EXTERNAL CLIENTS / CONTACTS

USMLE Step 2 CS examinees – interacts with on any day SP works in the exam;
NBME Case Development and Case Materials Staff – interacts as needed/directed.

PHYSICAL DEMANDS

Must be willing to wear a hospital gown with only undergarments underneath, while on camera and/or observed live through an observation window or video monitor. Potentially awkward and/or uncomfortable performance of physical examination maneuvers will be experienced by the SP when examinees perform the physical portion of the exam. Comfort with a physical examination of SP's entire body by medical students and/or physicians is required with exception of rectal, pelvic, genital, female breast and corneal reflex examinations. A physical examination/assessment by the Medical Supervisor is required as part of being hired for the job and SP's must be willing to have periodic reassessments during the time employed as an SP. No physical health conditions, which may contradict the assigned case, may exist during employment as an SP. Standing, sitting, bending, walking, reaching and lifting are required for this position.

WORK ENVIRONMENT

Must remain throughout entire workshift in a simulated clinical setting within a secure office setting.

JOB REQUIREMENTS

EXPERIENCE

None required

EDUCATION & CERTIFICATION

No specific educational requirements

SKILLS/ABILITIES

- Must be able to portray a person other than him or herself effectively and consistently in a standardized way
- Must be comfortable having repeated physical examination maneuvers performed on self
- Must be objective when interacting with and rating examinees of all backgrounds
- Must have strong reading and writing skills to absorb and use the detailed case training and exam procedural information
- Must have excellent recall in order to rate the examinees
- Must be responsible about keeping track of scheduled work days
- Must be reliable in following rules and procedures for the exam
- Must have strong interpersonal skills when interacting with other employees
- Must have comfort with own personal health, so that it does not interfere with the patient being portrayed
- Must be open to continual retraining regarding portrayal and ratings
- Must be able to use a simple computer program, mainly involving clicking the "mouse"
- Must be willing to work a varied schedule due to a potential 7-day per week, schedule of exams for AM and PM shifts.

RESPONSIBILITIES AND DUTIES

I. Portrays a patient in a standardized way repeatedly during the course of each exam
II. Be physically examined by students and/or medical graduates throughout the entire shift
III. Records the results of the case checklist, using the SP Data Entry computer program
IV. Evaluates the candidate's verbal and non-verbal communication skills
V. Evaluates the candidate's English proficiency
VI. Performs quality assurance on case performance
VII. Must be open/honest with the Medical Advisor/Supervisor and the Center Manager about any medical conditions that might jeopardize his/her effectiveness in the exam
VIII. Attends scheduled communication review workshops
IX. Attends additional training sessions as needed
X. Attends monthly SP meetings when available
XI. Enters work availability and regularly checks for scheduled work, using SP Calendar Assistant
XII. Be available to work a minimum of 3 days per week and 8 hours per day
XIII. All actively working SPs are required to attend periodic performance evaluations four times per year.
XIV. Other duties as assigned by the Trainer on Duty, SP Operations Specialist, and Center Manager.

Curtis Ellis

Immediate Supervisor *Date*

Mary Gutierrez for Ann Lee 11/14/08

Vice President *Date*

12-1-08

Human Resources *Date*

I have been given a copy of this job description and have discussed its content with my immediate supervisor. I understand that I am expected to perform all of the duties listed in this document and that my performance will be evaluated based on its content.

Troi A. Bryant I 11-03-08

Incumbent *Date*

Troi A Bryant I

Incumbent Printed Name

NBME®

CSEC

Clinical Skills Evaluation Collaboration

Administrative Offices
3624 Market Street, 2nd Floor West
Philadelphia, PA 19104
215-386-5703 Fax

ECFMG®

ECFMG HOUSTON

Clinical Skills Evaluation Collaboration (CSEC) Ownership, Confidentiality, and Non-Disclosure Agreement

I, the undersigned, acknowledge that in connection with activities associated with the United States Medical Licensing Examination™ (USMLE™) Step 2 CS program and my involvement in the Clinical Skills Evaluation Collaboration (CSEC) between the Educational Commission for Foreign Medical Graduates (ECFMG®) and the National Board of Medical Examiners® (NBME®), I will be provided access to secure, confidential and proprietary material and information of the ECFMG®, the NBME®, and/or the Federation of State Medical Boards (FSMB), or I may prepare secure, confidential and proprietary materials (together referred to as: "Confidential Materials"), which include, but are not limited to:

(1) details of a case including the overall description, the detailed scenario, case development forms, performance checklists and rating scale forms, interstation exercises forms, training materials and questionnaire/survey forms;

(2) data (including, but not limited to video/audio tapes of examinee-patient encounters, completed checklists and rating scales, completed interstation exercises, completed questionnaires/surveys, raw scores, score reports and aggregated test results);

(3) notes or summary information prepared by me or another in connection with activities associated with the Step 2 CS program; and

(4) personal information about the ECFMG® Standardized Patient employees who are matched to the patient cases, such as age, race, gender, weight, BMI, and medical findings related to case matching.

I understand and agree that all Confidential Materials are a valuable and unique asset and are the confidential property of the ECFMG®, the NBME®, and/or the FSMB. I agree that all such materials will be treated by me as confidential, and I agree that I will not, either during or after my employment with the ECFMG®, the NBME® or my involvement in the CSE Collaboration, disclose the nature or substance of the materials/information to, or use any of the materials for the benefit of any individual or entity other than the ECFMG®, the NBME®, or the FSMB for any reason whatsoever, except as may be required or appropriate for the proper discharge of my duties and responsibilities under this Agreement. I acknowledge and agree to use the materials only for my duties associated with the Step 2 CS program.

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design or content of the USMLE™ Step 2 CS examination to prepare or otherwise aid students preparing for the USMLE™ Step 2 CS examination.

I acknowledge and agree that I will not use my affiliation with the ECFMG® and the USMLE™ Step 2 CS program for commercial exploitation, publicity, or advertisement.

The Parties agree that this Agreement may not be changed, modified or released, discharged, abandoned or otherwise terminated in whole or in part, except by agreement of the parties in writing.

In the event that any of the provisions of this Agreement shall be held by a court or other tribunal of competent jurisdiction to be unenforceable, the remaining portions thereof shall remain in full force and effect.

This Agreement shall be governed by and construed in accordance with the laws of the State of Pennsylvania, where the ECFMG® has its headquarters.

IN WITNESS WHEREOF, the parties have signed this Agreement as of the date indicated below.

Signature: Troi A Bryant I

Print Name: Troi A. Bryant I

Date: 11.03.08

Supervisor or Manager: Linda Ellis

Date: 11/03/08

CSEC Executive Director: John C Jobe

Date: 11-18-2008

Original to Executive Director's office
Copy to respective employer's (ECFMG® or NBME®) Human Resources Department

Revised February 2008

RELEASE AND CONSENT FORM FOR STANDARDIZED PATIENTS IN THE USMLE Step 2 CS

The undersigned, as a trainee and/or standardized patient in the USMLE Step 2 CS conducted by the Educational Commission for Foreign Medical Graduates understands: 1) that the test includes physical examinations which involve interaction and physical contact between medical students or graduates and standardized patients, all of which will be monitored by video or other means; 2) that such medical students and graduates are not licensed physicians and may be inexperienced or inexpert in the physical examination procedures to be performed; and 3) ECFMG may use the session recordings for research studies, SP training, quality assurance or in NBME and ECFMG meetings as support documentation. [Exhibit A hereto sets forth a list of the types of procedures which may be performed and equipment which may be used.]

Troi A Bryant I
NAME (Printed)

Troi A. Bryant I
SIGNATURE

11-03-08
DATE

ECFMG HOUSTON

CFMG HOUSTON

ECFMG HOUSTON

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds $900 and includes more than $300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A 1
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.	B 1
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E
F	Enter "1" if you have at least $1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $58,000 ($86,000 if married), enter "2" for each eligible child. • If your total income will be between $58,000 and $84,000 ($86,000 and $119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.	G
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $40,000 ($25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 — Employee's Withholding Allowance Certificate

Department of the Treasury, Internal Revenue Service

► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074

2008

1 Type or print your first name and middle initial. Joel A	Last name Bryant	2 Your social security number [redacted]
Home address (number and street or rural route) [redacted]	3 ☐ Single ☒ Married ☐ Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code [redacted]	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► ☐	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 2
6 Additional amount, if any, you want withheld from each paycheck		6 $
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (Form is not valid unless you sign it.) ► Joel A. Bryant Jr. Date ► 11-3-08

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) ECFMG 3624 Market St, Phila, PA 19104	9 Office code (optional)	10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form W-4 (2008)

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Clinical Skills Evaluation Collaboration

CSEC – Administrative Office
3624 Market Street, 2nd Floor
Philadelphia, PA 19104 USA
215-386-5703 Fax

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Personal Contact and Emergency Contact Information

Employee Name: Troy A Bryant I

Home Phone Number: [redacted]

Alternate Phone (mobile etc.): [redacted]

Emergency Contact Person: Jackie E. Bryant I

Daytime Phone for Emergency Contact: [redacted]

Address of Emergency Contact: [redacted]

Relationship to Employee: Wife

Employee Signature: Troy A Bryant I Date: 11-3-14

A Collaboration of the Educational Commission for Foreign Medical Graduates and the National Board of Medical Examiners®

ECFMG HOUSTON

Policy for the Authorized Use of ECFMG® EMAIL (rmail) for PTAN Employees:

Name Tina M Bryant I Center ECFMG- Houston

1. ECFMG maintains an e-mail system in order to assist in the communication with employees related to the business and Human Resources practices of ECFMG.
2. The e-mail and rmail system are company property. All messages composed, sent or received on the e-mail system are and remain the property of ECFMG. They are not the private property of the employee.
3. E-mail for PTAN employees may only be used for communications related to Human Resources practices (such as benefits, updating contact information, employment opportunities, etc.) and for emergency communications to/from employees by CSEC or ECFMG management, ECFMG® Human Resources or RSI (ECFMG® insurance broker).
4. The e-mail system may not be used for any personal communications for reasons other than those that are authorized in this policy.
5. The e-mail system may not be used for solicitation or advocacy of commercial ventures, or religious or political causes of outside organizations.
6. The e-mail system is not to be used to create any offensive or disruptive messages. Among those which are considered offensive are any messages which contain any sexuality, sexual implications, racial slurs, or any comment that may offensively addresses someone's age, sexual orientation, religious or political beliefs, national origin, or disability.
7. The e-mail system shall not be used to send or receive copyrighted materials, trade secrets, proprietary information, financial or otherwise, or other similar materials without prior authorization.
8. ECFMG reserves the right to review, audit, intercept, access and disclose all messages created, received or sent over the e-mail system for any purpose. The contents of electronic mail properly obtained for legitimate business purposes may be disclosed within the company without the permission of the employee.
9. The confidentiality of any message should not be assumed. Even when a message is erased, it is still possible to retrieve and read that message. Further, the use of passwords for security does not guarantee confidentiality.
10. Notwithstanding the company's right to retrieve and read any electronic mail messages, such messages should be treated as confidential by other employees and accessed only by the intended recipient. Employees are not authorized to retrieve or read any e-mail messages that are not sent to them. Any exception to this policy must receive prior approval of an executive at ECFMG.
11. Employees are prohibited from attempting to gain access to another employee's messages without the latter's permission.
12. Employees who discover a violation of this policy shall notify Human Resources.
13. Use of company email systems and/or equipment evidences consent to abide by this policy.
14. Employees should not enter their ECFMG® email address into any websites other than authorized ECFMG® websites.
15. Any employee who violates this policy, or uses the e-mail system for improper purposes shall be subject to corrective action up to and including termination of employment.
16. A detailed and technical e-mail security policy will be developed by IT and may be read in conjunction with this policy.

I have read and understand this policy and will abide by it. I realize that violations of this policy may result in corrective action, up to and including termination of employment.

Signature: Tina M. Bryant I Date 11.3.08

Name Trii Bryant

Position SSP

Location TX

Hire Date 11/3/08

ECFMG New Employee Form	✓
Offer Letter	✓
Application	✓
Reference 1	✓
Reference 2	✓
Hdbk Receipt	X
SP Hdbk Receipt	✓
Job Description	✓
Background	✓
CSEC Conf	✓
Release & Consent Exhibit A (SP only)	✓
W4	✓
I9 / ID	✓
Emergency Contact Form	✓
Workers Comp. Employee Notification	✓
Email Policy	✓
Medical Network Acknowledgement (LA only)	X
Lunch Break Agreement (LA only)	X
Send email to HelpDesk - add to distribution list	✓

ADP	
Kronos	
HRB	

HR Manager Signature [signature] 12-1 06 Date

Employee Name Tori Bryant File # 03575

HR Checks and Balances Checklist

Entered: Date:		Checked: Date:
11/7	Kronos File # 03575 • Consistency of EE number • Hire Date • Confirm Location • Confirm FLSA • Department • Accrual	11/7
Entered: Date:	HRB File # 003575 • Personal • Work • Earnings • Report to • Email password setup ☐	Checked: Date: 11/17
Entered: Date:	Payforce File # 003575 • Job Information • Compensation Details • Tax Withholding • Direct Deposit • FSLA Codes	Checked: Date: 11/17
Entered: Date:	Other • Email attached o (Helpdesk, Payroll/Alyson, Finance/Vanessa, HR) • Winpak • Upload to Halogen • Halogen email to manager	Checked: Date:

HR Manager Signature _____ Date 12-1-09

EXHIBIT: 3
NAME: Bryant
DATE: 9-8-16
Pat E. Arredondo, CRR, RMR

ECFMG® Personnel Information Change Form

All changes must be approved by the employee's manager. Check all that apply:

- ☐ Rehire
- ☐ Promotion
- ☐ Primary Job Change (Title)
- ☒ Pay Rate Change
- ☐ Job Reclassification (Hierarchy Level)
- ☐ Job Description – Attach new JD
- ☐ Transfer to another department/state
- ☐ Additional Job
- ☐ Demotion
- ☐ FLSA Category – Exempt or Non-exempt
- ☐ Employee Type – regular FT, regular PT, % of regular PT, PTAN, or temporary
- ☐ Employee Status – FMLA, personal leave, return to active, etc.
- ☐ *Layoff (no work available)
- ☐ *Resignation
- ☐ *Termination of Employment – Must be approved by HR prior to the action.
- ☐ Change or add to an Email distribution list

Employee Name: Troi Bryant

Old Information: $ 16.00

New Information: $ 18.50

Full Explanation of Reason for Change: (Attach all related documents)

Completed 60 encounters of ad hoc and moved to LIVE status.

Effective Date: 2/20/09 **(Required for all changes)**

Termination Code: _____ **(Required for layoff, resignation & terminations)**

***For Resignation and Termination, List all ECFMG property returned:** (Kronos, ID, keys, phone, laptop, etc)

X _____ Manager's Signature — Date 2/23/09

X _____ H.R. Director's Signature — Date 3/6/09

X Betty Hite for Dr A Jobe V.P. Signature — Date 3/4/09

For H.R. Use Only:

☒ Terminations & Resignations: Send an email to Help Desk to discontinue email and voicemail access.

☐ Terminations & Resignations: Check that all assigned property has been returned.

Entered By: _____ **Date:** _____ **Checked By:** _____ **Date:** 4/1/7

7.60 hrs Retro $ 19.00

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3624 Market Street, 2nd Floor West
Philadelphia, PA 19104
215-386-5703 Fax

ECFMG®

DATE: January 12, 2010

TO: Bryant, Troi

FROM: **Artis Ellis**, Center Manager-**Houston**
Angelo Williams, Standardized Patient Trainer

cc: Betty Hite, Director of Center Operations
Betty LeHew, Director of Human Resources

RE: Annual Standardized Patient Evaluations 2009

This evaluation is an assessment of four performance areas of your job that are vital to the successful administration of the USMLE Step 2 CS Exam. These areas are: Case Performance, Attendance, Punctuality, and Professionalism/Procedure. This should give you a good idea of your level of performance regardless of your length of service or amount of time worked. You are welcome to meet with the Center Manager to discuss any concerns you have about this evaluation.

Category 1: Case Performance
The CSEC Quality Assurance team, which includes your case trainer(s), has conducted routine assessments of your case performance and recall accuracy. The reports indicate that you have performed at an exceptional level in all the encounters reviewed. Excellent work!

Category 2: Attendance
You are commended for your excellent attendance record.

Category 3: Punctuality
You are commended for your excellent punctuality record.

Category 4: Professionalism / Procedure
Your positive attitude, dedication to professionalism, and diligence to following procedure is appreciated.

2010 Annual Increase

To qualify for a pay increase in 2010, SPs are required to have been actively employed 1 full year or must have worked at least 728 hours during 2009 and display satisfactory performance.

Bryant, Troi

January 12, 2010

You have performed well in each of the four categories rated in this evaluation. Please keep up the excellent work. We appreciate your efforts and regard you as a valued employee. You will receive a 2.5% pay increase effective January 25, 2010. (The actual amount will be prorated to your start date, if you were not employed by ECFMG for the entire year of 2009.)

Standardized Patient — Date: 01.13.10

Standardized Patient Trainer — Date: 1-13-10

Center Manager — Date: 1/13/10

CONFIDENTIAL
ANNUAL EVALUATION INFORMATION FOR:

Name: **Bryant, Troi**

Employment Information:

Hire Date: 11/03/2008

FT/PT: Part-time

FLSA: Non-exempt

Job and Compensation Information:

Department: SP Houston

Supervisor: Artis Ellis

Job Title: Standardized Patient

Hourly Rate: $18.50

Salary Level: Level 6

Salary Range: Min-$17.93 Mid-$20.00 Max-$22.07

New Information:

Total Evaluation Score: 12

Percentage of Increase: 2.5%

Approvals:

Manager Artis Ellis Date 1/11/2010

VP Patty Hite for Dr. Ann Scott Date 01-21-10

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RETURN ORIGINAL TO HR
WITH SIGNED EVALUATION ATTACHED.

HR/Payroll only:

Prorated by Hire date: _____ HR Approval: _____

Entered: _____ date _____ Checked: _____ date _____

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IN WITNESS WHEREOF, the parties have signed this Agreement as of the date indicated below.

Signature: Troi A Bryant I

Print Name: Troi A Bryant I

Date: 01-23-10

Supervisor or Manager: Victor Ellis

Date: 1/23/2010

CSEC Executive Director: John C Jobe

Date: 2-8-2010

Original to Executive Director's office
Original filed with respective employer's (ECFMG® or NBME®) Human Resources Department

Revised March 2009

A Collaboration of the Educational Commission for Foreign Medical Graduates and the National Board of Medical Examiners®

EXHIBIT: 4
NAME: Bryant
DATE: 9-8-16
Pat E. Arredondo, CRR, RMR

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Clinical Skills Evaluation Collaboration

Administrative Offices
3750 Market Street,
Philadelphia, PA 19104
215-590-9444 Fax

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(1) details of a case including the overall description, the detailed scenario, case development forms, performance checklists and rating scale forms, interstation exercises forms, training materials and questionnaire/survey forms;

(2) data (including, but not limited to video/audio tapes of examinee-patient encounters, completed checklists and rating scales, completed interstation exercises, completed questionnaires/surveys, raw scores, score reports and aggregated test results);

(3) notes or summary information prepared by me or another in connection with activities associated with the Step 2 CS program; and

(4) personal information about the ECFMG® Standardized Patient employees who are matched to the patient cases, such as age, race, gender, weight, BMI, and medical findings related to case matching.

I understand and agree that all Confidential Materials are a valuable and unique asset and are the confidential property of the ECFMG®, the NBME®, and/or the FSMB. I agree that all such materials will be treated by me as confidential, and I agree that I will not, either during or after my employment with the ECFMG®, the NBME® or my involvement in the CSE Collaboration, disclose the nature or substance of the materials/information to, or use any of the materials for the benefit of any individual or entity other than the ECFMG®, the NBME®, or the FSMB for any reason whatsoever, except as may be required or appropriate for the proper discharge of my duties and responsibilities under this Agreement. I acknowledge and agree to use the materials only for my duties associated with the Step 2 CS program.

Confidential Materials shall not include: (i) information in the public domain or known generally in the industry through no fault of me, and (ii) information that is not treated by the ECFMG® or the NBME® or the FSMB as confidential or is disclosed by the ECFMG® or the NBME® or the FSMB to third parties without a duty of confidentiality imposed on such third parties.

I understand and agree that no copies of the Confidential Materials will be made and that no Confidential Materials will be removed from the NBME®'s premises without express prior authorization

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3750 Market Street, 2nd Floor
Philadelphia, PA 19104
215-386-5703 Fax

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by the NBME® or from the ECFMG®'s premises without express prior authorization by the ECFMG®. I understand that "premises" include test centers as well as the locations of the NBME® and the ECFMG® offices. I understand the Confidential Materials will not be discussed or transmitted electronically on or to non-ECFMG or non-NBME e-mail accounts.

I acknowledge and agree that all right, title and interest in the Confidential Materials and to any intellectual property which results, to any extent, from my use of the ECFMG®'s, the NBME®'s, or the FSMB's premises, property, or Confidential Materials, is a work for hire under the Copyright Act of the United States, 17 U.S.C. §101 et seq. and shall be owned, together with all worldwide rights therein under patent, copyright, trade secret, confidential information, or other property rights or laws, by the ECFMG®, the NBME®, and/or the FSMB.

Upon request, I shall execute and deliver any and all instruments and documents and take such other actions as may be necessary or desirable to assign and transfer all right, title, and interest in such intellectual property to the ECFMG®, the NBME®, and/or the FSMB. The term "intellectual property" as used herein includes, by way of example and without limitation, confidential materials, trade secrets, patents and patent applications, trademarks and trademark registrations and applications, service marks and service mark registrations and applications, trade names, copyrights and copyright registrations and applications.

Employees are not permitted to discuss USMLE® STEP 2 CS-related information with the media unless specifically authorized to do so. I will report any and all outside requests to a member of management in CSEC who will refer all inquires to the Executive Director, CSEC, at the central office in Philadelphia.

I understand that if I receive an inquiry, I may ask the media representative for their organizational affiliation, the general nature of the inquiry and the inquirer's contact information. However, I shall not respond to any substantive questions of any kind or provide any information or opinion regarding the ECFMG®'s or the NBME®'s policies, procedures, programs, or operations. This media policy shall apply to employees while in/or out of the regular workplace.

I acknowledge and agree that during the term of employment or affiliation with the ECFMG® or the NBME® and for eighteen (18) months thereafter, I will not accept employment, serve as a consultant, or act in any other capacity for any commercial or academic preparatory programs designed to or purporting to prepare individuals to take the USMLE®. I further agree that with regard to any educational activities within any medical school or graduate medical education program, I will not use the Confidential Materials or my specific knowledge to the design or content of the USMLE® Step 2 CS examination to prepare or otherwise aid students preparing for the USMLE® Step 2 CS examination.

I acknowledge and agree that I will not use my affiliation with the ECFMG® and the USMLE® Step 2 CS program for commercial exploitation, publicity, or advertisement.

The Parties agree that this Agreement may not be changed, modified or released, discharged, abandoned or otherwise terminated in whole or in part, except by agreement of the parties in writing.

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This Agreement shall be governed by and construed in accordance with the laws of the State of Pennsylvania.

IN WITNESS WHEREOF, the parties have signed this Agreement as of the date indicated below.

Signature: Troi A. Bryant I

Print Name: Troi A. Bryant I

Date: 1-10-11

Supervisor or Manager: Curtis Ellis

Date: 1/10/11

CSEC Executive Director: John C Jobe

Date: 1/19/2011

Original to Executive Director's office
Original filed with respective employer's (ECFMG® or NBME®) Human Resources Department

Revised November 2010

Good morning Mrs. Ellis and Mr. Biggs,

I just wanted to say how grateful I am for the interview. I am even more convinced that I can add value to your team at ECFMG Houston. I hope that you agree.

Thanks.

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HOUSTON

ECFMG™ | EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES

3624 Market Street
Philadelphia PA 19104-2685 USA
215-823-2208 | 215-966-3124 Fax
www.ecfmg.org

CONFIDENTIAL

Troi Bryant I
[redacted]

April 27, 2010

Dear Troi:

This letter is to confirm your acceptance of the promotion to the full time position of Standardized Patient Trainer in the Houston Center. I have outlined the specific details of our offer below:

- You will report directly to Artis Ellis, Center Manager, Houston Center.
- Your start date in this position will be May 10, 2010.
- Your starting salary for this non-exempt position will be $46,000 per year ($25.27 per hour).

You will be enrolled in the various ECFMG benefit programs as you become eligible based on the normal eligibility dates. You will be eligible for two weeks of vacation per year. Enclosed with this letter is a comprehensive benefits packet that describes ECFMG's benefits. To enroll in your benefits, you must contact Joe Plush, HR Benefits and Training Manager at 215-823-2126. Please be advised that you have 30 days from your original start date to enroll in your benefits; however, should you have immediate questions in the interim, please call Betty T. LeHew, Director of Human Resources at (215) 823-2117.

I am confident that you will find your new position both challenging and rewarding. I look forward to your confirmation and acceptance of the details of our outlined offer. Please return a signed copy of this letter to Betty T. LeHew, Director of Human Resources. If you have any questions concerning the details of our offer, please contact me.

Sincerely,

Ann Jobe, M.D., M.S.N.
Executive Director, CSEC

I accept this promotion as outlined.

Troi Bryant I 5/4/2010

Troi Bryant I Date

EXHIBIT: 5
NAME: Bryant
DATE: 9-8-16
Pat E. Arredondo, CRR, RMR

Encl: benefits orientation booklet

Form CARF1

Vanguard

403(b)(7) New Account Form

Use this form to establish a 403(b)(7) account.

Print in capital letters and use black ink.

Questions?
Call 800-662-2739.

If you need other forms, visit our website at www.vanguard.com/serviceforms.

1. Employee Information

Provide the full, legal name. >

Name *first, middle initial, last*: Tori A. Bryant I

Birth Date *mm/dd/yyyy*: [redacted]

E-Mail Address *optional*: [redacted]

Daytime Phone *area code, number, extension*: [redacted]

Evening Phone *area code, number, extension*: [redacted]

Social Security Number or Individual Taxpayer ID Number: [redacted]

You must complete this entire section. >

Citizenship: ☑ U.S. ☐ Resident alien ☐ Nonresident alien

Country of Citizenship *if not U.S.*:

Tax Residency: ☑ U.S. ☐ Other

Country of Tax Residence *if not U.S.*:

Mailing Address

Street or P.O. Box: [redacted]

Country *if not U.S.*:

City, State, Zip: [redacted]

Street Address *A P.O. box or rural route is NOT acceptable; address can be military APO or FPO.*

This is required if it is different from mailing address or if mailing address is a P.O. box. >

Street:

Country *if not U.S.*:

City, State, Zip:

Form CARF1

2. Plan Information

If you are transferring assets from another financial institution, complete a 403(b)(7) Account Exchange/Transfer Authorization Form and mail it with this form.

Check and complete one of the plan options below.

Your employer must complete a 403(b)(7) Plan Authorization Form and mail it with this form. >

☑ New plan. TAB

This is a new Vanguard 403(b)(7) program for my employer.

☑ Existing plan.

My employer has an existing Vanguard 403(b)(7) program, and I am a new participant.

Obtain this number from your employer. >

Plan Identification Number

3. Employer Information

Name of Institution ECFMG	
Street Address 3624 Market Street	City, State, Zip Philadelphia, PA 19104
Phone *area code, number, extension* 215·823·2126	Contact Person or Department *if known* Joe Plush

Form CARF1

4. Funds You Would Like to Invest In

Refer to the enclosed fund prospectus(es) or visit www.vanguard.com for fund names, fund numbers, and minimum initial investment amounts.

If you do not specify any funds, or if your asset transfer does not meet the minimum investment for a fund, that money will be invested in Vanguard Prime Money Market Fund. If you do not provide percentages, your investment will be divided equally among the funds you indicate.

Vanguard Target Retirement 2030 Fund (VTHRX)

If you are investing in a fund with a minimum initial investment of $10,000 or more, you must meet the minimum investment for that fund.

Fund Name	Fund Number	Percentage
Vanguard Total Stock Market I.F.I.S		56.8 %
Vanguard Total International Stock IFIS		24.3 %
Vanguard Total Bond Market II IFIS		18.9 %
		[redacted] %

Note: We charge participants a $15 annual account service fee for each mutual fund they hold in their Vanguard 403(b)(7) account. We'll withdraw the fee directly from the fund accounts each June. This fee doesn't apply to members of Flagship®, Voyager Select®, and Voyager Services®. (If you have a 403(b)(7) account, you must have an additional Vanguard mutual fund account relationship to qualify for these services.)

Total 100%

5. Beneficiaries for This Account

ERISA participants: If you are married and your plan is subject to the Employee Retirement Income Security Act (ERISA), you may be required to allocate at least 50% of your account to your surviving spouse as a preretirement survivor annuity unless your spouse consents to a nonspouse beneficiary designation in the presence of a plan representative or a notary public. If you plan to name a beneficiary other than your spouse, contact your administrator—not Vanguard—to determine whether these annuity requirements apply to you and, if so, to obtain an explanation of the rules and a spousal consent form.

Primary Beneficiaries *Check all that apply.*

Those you designate as your primary beneficiaries will be first to inherit your 403(b)(7) plan assets upon your death. Indicate the percentages of your assets to be distributed to the designated primary beneficiaries upon your death. The total must equal 100%.

My Spouse

If you select "To the person I am married to at the time of my death," your assets will be distributed to whoever is your spouse at that time.

Check only one option; do not check both boxes.

☑ To the person named here

Name *first, middle initial, last*	Birth Date *mm/dd/yyyy*	
Jacquelyn E. Bryant	[redacted]	100 %

or

☐ To the person I am married to at the time of my death %

Form CARF1

My Descendants

If you want your assets divided into unequal amounts, list the names of the individuals below.

- ☑ To my descendants who survive me, per stirpes
  Your assets will be divided equally among your children. If a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any). %
- ☐ Equally to my grandchildren who survive me %

Individuals

	Birth Date *mm/dd/yyyy*	
☑ Name of Individual *first, middle initial, last* Brittani S. Bryant	[redacted]1987	33.3%
☑ Name of Individual *first, middle initial, last* Troi A. Bryant	[redacted]	33.3 %

Trusts

This applies to existing trusts only; you cannot create a trust with this form.

- ☐ To the trustee of an existing trust created under an agreement
  Name of Trust | Date of Trust *mm/dd/yyyy* | %
- ☐ To the trustee of a trust created under my last will
  Name of Trust or Section of Will %

Other Individual

Birth Date mm/dd/yyyy

- ☐ ~~Organization or Charity~~ *Provide name.* Erwin A Bryant [redacted] 33.3%
- ☐ My Estate %

If you check this box, skip to Section 6.

If the percentages do not total 100%, Vanguard will allocate equal percentages totaling 100%. Total 100%

Secondary Beneficiaries *Check all that apply.*

Those you designate as your secondary beneficiaries will inherit your assets only if there are no surviving primary beneficiaries upon your death. Indicate the percentages of your assets to be distributed to the designated secondary beneficiaries upon your death. The total must equal 100%.

My Spouse

If you select "To the person I am married to at the time of my death," your assets will be distributed to whoever is your spouse at that time.

Check only one option; do not check both boxes.

- ☐ To the person named here
  Name *first, middle initial, last* | Birth Date *mm/dd/yyyy* | %

or

- ☐ To the person I am married to at the time of my death %

Form CARF1

If you want your assets divided into unequal amounts, list the names of the individuals below. >

My Descendants

☑ To my descendants who survive me, per stirpes Your assets will be divided equally among your children. If a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any).	100 %
☐ Equally to my grandchildren who survive me	%

Individuals

☑ Name of Individual *first, middle initial, last* Brittani S. Bryant	Birth Date *mm/dd/yyyy* [redacted]1987	33.3 %
☑ Name of Individual *first, middle initial, last* Troi A. Bryant	Birth Date *mm/dd/yyyy* [redacted]	33.3%

Trusts

This applies to existing trusts only; you cannot create a trust with this form. >

☐ To the trustee of an existing trust created under an agreement

Name of Trust	Date of Trust *mm/dd/yyyy*	
		%

☐ To the trustee of a trust created under my last will

Name of Trust or Section of Will	
	%

Other

If you check this box, provide the percentage, then skip to Section 6. >

Name of Individual	Birth Date mm/dd/yyyy	
☐ ~~Organization or Charity~~ *Provide name.* Ervin A. Bryant	[redacted]	33.3 %
☐ My Estate		%

If the percentages do not total 100%, Vanguard will allocate equal percentages totaling 100%. > Total 100%

7. Signature of Employer or Administrator *if required*

The employer named in Section 3 hereby agrees to the terms and conditions of the Vanguard 403(b)(7) Individual Custodial Account Agreement and certifies that it is an educational institution or tax-exempt organization as described in Section 403(b)(1)(A) of the Internal Revenue Code. The employer recognizes that if the accounts established under this application are part of an employee benefit plan subject to Title I of ERISA, it is the responsibility of the employer or administrator to ensure that the plan complies with Title I of ERISA, including the qualified joint and survivor annuity and preretirement survivor annuity requirements.

Check with your employer or administrator to determine whether this signature is required for your plan. >

Signature of Employer or Administrator	Date *mm/dd/yyyy*
Title	

Mailing Information

Make a copy of your completed form for your records.

Mail your completed form and any attached information in the enclosed postage-paid envelope.

If you do not have a postage-paid envelope, mail to: >

Vanguard
P.O. Box 1110
Valley Forge, PA 19482-1110

For overnight delivery, mail to: >

Vanguard
455 Devon Park Drive
Wayne, PA 19087-1815

SR72E1

403(b)(7) Individual Custodial Account Salary Reduction Agreement

Vanguard®

- Print clearly, preferably in capital letters and black ink.
- Complete this form, sign it, and submit it to your administrator to authorize or change salary reduction contributions to your Vanguard 403(b)(7) individual custodial account. After signing it, the administrator should retain the original and submit a copy to the employee. **Do not return this form to Vanguard.**

Most forms can be downloaded from our website at **www.vanguard.com/serviceforms**. Or you can call us to order them—or get assistance in filling out this form—at **800-662-2739** on business days from 8 a.m. to 10 p.m. or on Saturdays from 9 a.m. to 4 p.m., Eastern time.

1. Employee Information

[redacted]
Social Security Number or Individual Taxpayer ID Number

Tnoi A Bnyant
Name of Employee *(first, middle initial, last)*

[redacted]
Street Address or Box Number

[redacted] [redacted] [redacted]
City State Zip

2. Employer Information

ECFMG
Name of Employer

3624 Market Street
Street Address or Box Number

Philadelphia PA 19104
City State Zip

3. Contribution Amount

Reduce the compensation I receive each regular pay period by the following amount and contribute that amount to my Vanguard 403(b)(7) custodial account:

$ _____ Amount OR _____ % Percentage **Start Date:** __ __ - __ __ - __ __ __ __ *(month, day, year)*

4. Signatures—YOU MUST SIGN BELOW

As the employee, I understand that:

- This agreement will be renewed automatically each January 1 unless my employer and I agree in writing to amend it.
- My employer or I can terminate this agreement at any time with respect to compensation I have not yet earned.
- I am solely responsible for ensuring that my contributions to this account do not exceed the limits specified in the following sections of the Internal Revenue Code: the elective deferral limitations in Section 402(g) and the annual additions limitations in Section 415(c).

➤ Thoi A. Bui — 06 - 14 - 2011
Signature of Employee Date *(month, day, year)*

➤ _____
Signature of Administrator Date *(month, day, year)*

SR72E1 0109

CARF1

7. Signature of Employer or Administrator *If required*

The employer named in Section 3 hereby agrees to the terms and conditions of the Vanguard 403(b)(7) Individual Custodial Account Agreement and certifies that it is an educational institution or tax-exempt organization as described in Section 403(b)(1)(A) of the Internal Revenue Code. The employer recognizes that if the accounts established under this application are part of an employee benefit plan subject to Title I of ERISA, it is the responsibility of the employer or administrator to ensure that the plan complies with Title I of ERISA, including the qualified joint and survivor annuity and preretirement survivor annuity requirements.

Check with your employer or administrator to determine whether this signature is required for your plan. ▶

Signature of Employer or Administrator	Date *mm/dd/yyyy*
[signature]	6/16/11
Title: Benefits Training Mgr	

Mailing Information

Make a copy of your completed form for your records.

Mail your completed form and any attached information in the enclosed postage-paid envelope.

If you do not have a postage-paid envelope, mail to: ▶
Vanguard
P.O. Box 1110
Valley Forge, PA 19482-1110

For overnight delivery, mail to: ▶
Vanguard
455 Devon Park Drive
Wayne, PA 19087-1815